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TO RUEHC/SECSTATE WASHDC PRIORITY 1694
INFO RUEHNE/AMEMBASSY NEW DELHI PRIORITY 1603
RUEHCG/AMCONSUL CHENNAI 0713
RUEHBI/AMCONSUL MUMBAI 0716
RUEHGO/AMEMBASSY RANGOON 0313
RUEHKA/AMEMBASSY DHAKA 0462
RUEHCN/AMCONSUL CHENGDU 0098
RUEHKT/AMEMBASSY KATHMANDU 0464
RUEHIL/AMEMBASSY ISLAMABAD 0377
RUEHBUL/AMEMBASSY KABUL 0062
RUEHC/USAID WASHDC
RUEAUSA/DEPT OF HHS WASHINGTON DC
RUEHPH/CDC ATLANTA GA PRIORITY
RHMFIUU/JIATF WEST
RUEABND/DEA HQ WASHDC
RUEAIIA/CIA WASHINGTON DC
RUEIDN/DNI WASHINGTON DC
RHMFIUU/CDR USPACOM HONOLULU HI
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SUBJECT: NORTHEAST INDIAN STATE MIZORAM STRUGGLES WITH NEAR EPIDEMIC LEVELS OF HIV/AIDS

¶1. (U) Summary: From August 28-30, ConGen visited the northeast Indian state of Mizoram to assess the state's social issues. The state borders Burma and has a relatively small population of around one million people. While literacy is high at over 88 percent, the state economy is weak and relies on central government funds and small-scale agriculture. Due to the state's proximity to Burma, illicit narcotics and related public health issues such as HIV/AIDS are persistent problems. Mizoram Public Health officials expressed concern that the state HIV/AIDS prevalence rate continues to fluctuate around epidemic levels, and presently stands at 0.9 percent of the population. (Note: HIV/AIDS prevalence is characterized as at epidemic levels when infections are estimated to be 1.0 percent of the population or higher. End Note.) HIV/AIDS infections have been fueled by the high number of intravenous drug users (IDUs), estimated by State Aids Control Society Director to be approximately 10,000. However, HIV/AIDS has moved into the wider population as most infections are now sexually transmitted. Because of Mizoram's relative isolation and travel restrictions placed on visitors, little domestic or international focus has been directed at addressing the problems of HIV/AIDS and illegal narcotics. To be truly comprehensive and effective, USG engagement with India on HIV/AIDS and on countering illegal narcotics should incorporate support to Mizoram and the Northeastern Indian states. End Summary.

¶2. (U) Mizoram has a serious HIV/AIDS problem, with HIV/AIDS infection rates persistently fluctuating near epidemic levels. Mizoram State Aids Control Society Project Director Dr. K. Ropari told ConGen that the estimated state HIV/AIDS prevalence rate based on a survey of sentinel groups, such as ante-natal women, IDUs and others, was presently at 0.9 percent for 2007. This latest figure was an improvement over 2006's prevalence rate of 1.8 percent. However, previously the rate was 1.0 percent in 2005 and 2.0 percent in 2004. Dr. Ropari felt that although infections were down, the persistent fluctuations in annual rates indicated that Mizoram could easily reach epidemic levels as in previous years.

¶3. (U) Dr. Ropari expressed frustration that the National Aids

Control Organization (NACO) did not see the HIV/AIDS problem in Mizoram as serious. NACO's focus on the six states with persistent epidemic levels of HIV/AIDS infections meant that Mizoram did not receive needed assistance from the GOI. State Health Minister R. Tlanhmingthanga echoed Dr. Ropari's concerns, commenting that while he appreciated NACO's assistance, the funds have been limited. He attributed this also to the state's small population size, saying, "The [absolute] numbers as compared to other states seems low as our state's population is below one million." Tlanhmingthanga said that more support was needed for hospice care, efforts to limit mother to child transmission, and awareness raising among high risk groups such IDUs, sex workers and truck drivers. He also commented that presently no international NGOs were working in Mizoram on HIV/AIDS, but that the state would welcome and support such assistance.

¶ 14. (U) Tlanghmingthanga also observed that initially infections were predominantly found among IDUs and related to needle sharing, but were now mostly sexually transmitted and occurring to a greater extent among the general populace. (Comment: Mizoram's experience of infections shifting from intravenous drug use to sexual transmission is a typical pattern in the other Northeast states with epidemic levels of HIV/AIDS -- Manipur and Nagaland. International health professionals and organizations assessing the HIV/AIDs situation in India often continue to mischaracterize the problem of HIV/AIDS as limited to the IDU population. The fact that HIV/AIDS infections have migrated out of the IDU community to the broader community in the Northeast is a reflection of the failure to address the problem when it was predominately limited to the one risk behavior of sharing intravenous needles. In addition, the persistent mischaracterization of the problem as isolated to IDUs indicates the lack of general awareness about HIV/AIDS trends in the Northeast. End Comment.)

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¶ 15. (U) According to the Mizoram State AIDS Control Society, from October 1990 to July 2007 a total of 41,011 blood samples were screened. Of these samples, 2,141 were HIV positive (1277 men and 864 women.) The statistics also show that out of the 2,141 HIV cases 773 were IDU related, 1,170 were sex related, 85 were ante-natal and about 113 fell in the "other" category. The total number of deaths due to AIDS in Mizoram during the time period was 141, of which 83 were males and 58 were females. Dr. Ropari added that at present there are 219 AIDS cases, (125 are male, 58 female). The Society has initiated a drive to promote condoms and generate awareness about the disease. Among the estimated 10,000 drug users in the state, 26 IDU projects are already in progress. Local organizations have also sought to help. The Young Mizo Association, which has close ties to the state government, has enlisted many of its volunteers to campaign to counter drug use and drug trafficking in Mizoram.

¶ 16. (U) Comment: Mizoram is almost exclusively dependent on the support of NACO for its HIV/AIDS programs. However, as evidenced by comments of the State Aids Control Society Director and Health Minister, NACO's support is not sufficient to meet the state's needs. Their comments appear substantiated by the fact that infections remain consistently at or above epidemic levels. The absence of a significant international public health presence in Mizoram is a reflection of how the Northeast region is often forgotten in the broader discussion of the HIV/AIDs situation in India.

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